

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 4 1948
Registration District No. 31948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31607
Registrar's No. 2091

Primary Registration District No. 3064

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)
In this community 50 years

3: (a) PRINT FULL NAME Harriet H. Stockdale
3: (b) If veteran, name war None 3: (c) Social Security No. None

4. Sex Female 5. Color or race White 6: (a) Single, widowed, married, divorced Widowed
6: (b) Name of husband or wife Eckstein Stockdale 6: (c) Age of husband or wife If alive years
7. Birth date of deceased April 24, 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Louisville, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Alfred H. Hise
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Hite
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16: (a) Informant Mrs. Harriet H. Stockdale
(b) Address Memorial Hospital
17: (a) removal (b) Date thereof 9/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louisville, Ky.

18: (a) Signature of funeral director Wagoner Montuany
(b) Address 4161 Lindell Blvd.
19: (a) 9-7-48 (b) Paul J. Shupko
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. Memorial Hospital
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1948 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 6 to Sept 6, 1948
that I last saw her alive on Sept 6 and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis Duration

Due to 932
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? (c) Means of injury
23. Signature Paul J. Shupko (M. D. or other)
Address Lindell Bank Bldg Date signed 9-5-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert T. Sargster

Licensed Embalmer No. 4290

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.